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PTO/SB/05 (4-98)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
(Only for new nonprovisional applications under 37 CFR 1.53 (b))

Attorney Docket No.: 68.0292

First Named Inventor or Application Identifier: Hart et al.

Title: EXPANDABLE DEVICES

Express Mail Label No.: EV 037 144 042 US

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contents.Box Patent Application  
ADDRESS TO: Assistant Commissioner for Patents  
Washington, D.C. 20231

|   |   |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages: 67 ]<br/>           - Descriptive title of the Invention<br/>           - Cross Reference to Related Applications<br/>           - Statement Regarding Fed-sponsored R &amp; D<br/>           - Reference to Microfiche Appendix<br/>           - Background of the Invention<br/>           - Brief Summary of the Invention<br/>           - Brief Descriptions of the Drawings (<i>if filed</i>)<br/>           - Detailed Description<br/>           - Claim(s)<br/>           - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. 113) [Total Sheets: 43]</p> <p>4. Oath or Declaration [Total Pages: ]<br/>           a. <input type="checkbox"/> Newly executed (original or copy)<br/>           b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63 (d))<br/> <i>(for continuation/divisional with Box 16 completed)</i><br/>           i <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u><br/>           Signed statement attached deleting inventor(s)<br/>           named in the prior application, see 37 CFR<br/>           1.63(d)(2) and 1.33(b).</p> | <p>5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)<br/>           6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br/> <i>(if applicable, all necessary)</i><br/>           a. <input type="checkbox"/> Computer Readable Copy<br/>           b. <input type="checkbox"/> Paper Copy<br/>           c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
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**ACCOMPANYING APPLICATION PARTS**

|   |
|---|
| <p>7. <input type="checkbox"/> Assignment papers (cover sheet &amp; document(s))<br/>           8. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br/> <i>(when there is an assignee)</i><br/>           9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)<br/>           10. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS<br/>           Statement (IDS)/Form 1449 Citations<br/>           11. <input type="checkbox"/> Preliminary Amendment<br/>           12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/> <i>(Should be specifically itemized)</i><br/>           13. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application,<br/>           Statement(s) Status is still proper and desired<br/>           (PTO/SB/09-12)<br/>           14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/> <i>(if foreign priority is claimed)</i><br/>           15. <input type="checkbox"/> Other: _____<br/>           _____<br/>           _____         </p> |
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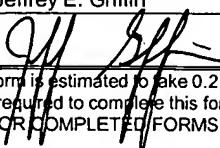
\*NOTE FOR ITEMS 1&13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 c.f.r. 1.28).

## 16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_ /  
 Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

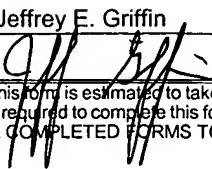
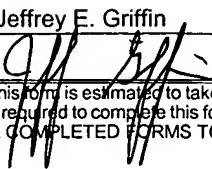
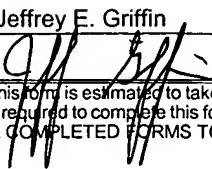
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

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| <input type="checkbox"/> Customer Number or Bar Code Label | (Insert customer No. or Attach bar code label here)                                 |           |                |   | or <input checked="" type="checkbox"/> Correspondence address below |
| NAME   | Jeffrey E. Griffin  |           |                |   |   |
|  | Schlumberger Technology Corporation, Schlumberger Reservoir Completions             |           |                |   |   |
| ADDRESS  | 14910 Airline Road  |           |                |   |   |
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| COUNTRY  | U.S.  | TELEPHONE | (281) 285-5720 | FAX                                       | (281) 285-5537  |
| Name (Print/Type)  | Jeffrey E. Griffin  |           |                | Registration No. (Attorney/Agent): 36,534 |   |
| Signature  |  |           |                | Date: 1/16/02                             |   |

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|---|-----------------|---|-----------------|--|----------|---------------------------------|-----------------|-----------------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---------------------------|--|-----|-------|-----|-------|--|--|-----|------|-----|------|--|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|--|--|-----|-------|-----|-----|--|--|-----|-------|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|--------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|---------------------|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|---|--|--|--|-----------------------------------|--|--|--|--|--|---------------------|--|--|--|--|--|---------------------------------|--|-----------------------|--|--------------------|--|--|--|-------------|--------|-----------|--|---|--|--|--|-------------------------|--|
|   |                 | Application Number  |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
|   |                 | Filing Date   |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
|   |                 | First Named Inventor  |                 | Hart et al.  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
|   |                 | Group Art Unit  |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
|   |                 | Examiner Name   |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |                 | \$1484  |                 | Attorney Docket Number 68.0292   |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| <b>METHOD OF PAYMENT</b> (Check one)  |                 | <b>FEE CALCULATION</b> (continued)  |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number 50-0457<br>Deposit Account Name Schlumberger Technology Corp.<br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 |                 | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for response within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for response within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for response within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for response within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive unintentionally abandoned application</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petition to Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr> <td colspan="2" style="text-align: right;">Other fee (specify)</td> <td colspan="4"></td> </tr> <tr> <td colspan="2" style="text-align: right;">Other fee (specify)</td> <td colspan="4"></td> </tr> <tr> <td colspan="2"></td> <td colspan="4" style="text-align: right;"><b>SUBTOTAL(3)</b> <input type="text"/></td> </tr> <tr> <td colspan="6" style="text-align: center;">*Reduced by Basic Filing Fee Paid</td> </tr> <tr> <td colspan="6" style="text-align: center;"><b>SUBMITTED BY</b></td> <td colspan="2" style="text-align: center;"><i>Complete (if applicable)</i></td> </tr> <tr> <td colspan="2">Typed or Printed Name</td> <td colspan="4">Jeffrey E. Griffin</td> <td>Reg. Number</td> <td>36,534</td> </tr> <tr> <td colspan="2">Signature</td> <td colspan="4"></td> <td>Deposit Account User ID</td> <td></td> </tr> </tbody></table> |                 |  |          | Large Entity Fee Code           | Entity Fee (\$) | Small Entity Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath |  | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 | 130 | 139 | 130 | Non-English specification |  | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |  | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1840* | 113 | 1840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for response within first month |  | 116 | 380 | 216 | 190 | Extension for response within second month |  | 117 | 870 | 217 | 435 | Extension for response within third month |  | 118 | 1,360 | 218 | 680 | Extension for response within fourth month |  | 128 | 1,850 | 228 | 925 | Extension for response within fifth month |  | 119 | 300 | 219 | 150 | Notice of Appeal |  | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 130 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application |  | 141 | 1,210 | 241 | 605 | Petition to revive unintentionally abandoned application |  | 142 | 1,210 | 242 | 605 | Utility issue fee |  | 143 | 430 | 243 | 215 | Design issue fee |  | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petition to Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment property (times number of properties) |  | 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (specify) |  |  |  |  |  | Other fee (specify) |  |  |  |  |  |  |  | <b>SUBTOTAL(3)</b> <input type="text"/> |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>SUBMITTED BY</b> |  |  |  |  |  | <i>Complete (if applicable)</i> |  | Typed or Printed Name |  | Jeffrey E. Griffin |  |  |  | Reg. Number | 36,534 | Signature |  |  |  |  |  | Deposit Account User ID |  |
| Large Entity Fee Code   | Entity Fee (\$) | Small Entity Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 105   | 130             | 205   | 65              | Surcharge - late filing fee or oath                                    |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 127   | 50              | 227   | 25              | Surcharge - late provisional filing fee or cover sheet                 |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 139   | 130             | 139   | 130             | Non-English specification  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 147   | 2,520           | 147   | 2,520           | For filing a request for reexamination                                 |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 112   | 920*            | 112   | 920*            | Requesting publication of SIR prior to Examiner action                 |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 113   | 1840*           | 113   | 1840*           | Requesting publication of SIR after Examiner action                    |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 115   | 110             | 215   | 55              | Extension for response within first month                              |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 116   | 380             | 216   | 190             | Extension for response within second month                             |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 117   | 870             | 217   | 435             | Extension for response within third month                              |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 118   | 1,360           | 218   | 680             | Extension for response within fourth month                             |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 128   | 1,850           | 228   | 925             | Extension for response within fifth month                              |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 119   | 300             | 219   | 150             | Notice of Appeal   |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 120   | 300             | 220   | 150             | Filing a brief in support of an appeal                                 |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 121   | 260             | 221   | 130             | Request for oral hearing   |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 138   | 1,510           | 138   | 1,510           | Petition to institute a public use proceeding                          |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 140   | 110             | 240   | 55              | Petition to revive unavoidably abandoned application                   |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 141   | 1,210           | 241   | 605             | Petition to revive unintentionally abandoned application               |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 142   | 1,210           | 242   | 605             | Utility issue fee  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 143   | 430             | 243   | 215             | Design issue fee   |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 144   | 580             | 244   | 290             | Plant issue fee  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 122   | 130             | 122   | 130             | Petition to Commissioner   |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 123   | 50              | 123   | 50              | Petitions related to provisional applications                          |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 126   | 240             | 126   | 240             | Submission of Information Disclosure Stmt                              |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 581   | 40              | 581   | 40              | Recording each patent assignment property (times number of properties) |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 146   | 760             | 246   | 380             | Filing a submission after final rejection (37 CFR 1.129(a))            |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| 149   | 760             | 249   | 380             | For each additional invention to be examined (37 CFR 1.129(b))         |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| Other fee (specify)   |                 |   |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| Other fee (specify)   |                 |   |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
|   |                 | <b>SUBTOTAL(3)</b> <input type="text"/>   |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| *Reduced by Basic Filing Fee Paid   |                 |   |                 |  |          |                                 |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| <b>SUBMITTED BY</b>   |                 |   |                 |  |          | <i>Complete (if applicable)</i> |                 |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
| Typed or Printed Name   |                 | Jeffrey E. Griffin  |                 |  |          | Reg. Number                     | 36,534          |                       |                 |                 |          |     |     |     |    |                                     |  |     |    |     |    |  |  |     |     |     |     |                           |  |     |       |     |       |  |  |     |      |     |      |  |  |     |       |     |       |   |  |     |     |     |    |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |       |     |     |  |  |     |       |     |     |   |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |  |  |     |       |     |     |  |  |     |       |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                          |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |                     |  |  |  |  |  |                     |  |  |  |  |  |  |  |   |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |                       |  |                    |  |  |  |             |        |           |  |   |  |  |  |                         |  |
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hart et al.

Attorney Docket No.: 68.0292

Serial No.:

Art Unit:

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For: EXPANDABLE DEVICES

Box PATENT APPLICATION

Assistant Commissioner of Patents and Trademarks  
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